

Substance use patterns and safer supply needs among people who use drugs in BC



March 2023

THE STUDY

The overarching aim of this project was to understand the needs and preferences of people who use illegal opioids and/or stimulants who can benefit from access to safer supply and safer use services. Specifically, we were interested in understanding:

If people who use opioids and/or stimulants were prescribed a continuous supply of pharmaceutical grade alternatives, which one(s) would they choose? Why?

What are people's experiences with concurrent substance use? What substances do they use concurrently and why?

How would people choose to use their preferred pharmaceutical alternative? Why?

As roughly half of illegal opioids currently contain benzodiazepine-like substances, are there concerns about benzodiazepine withdrawal upon a potential transition to safer supply and opioid agonist treatment?

Qualitative Data Collection

6 focus groups;
40 participants

47 individual interviews

Harm Reduction Client Survey

621 respondents in 2019

537 respondents in 2021

METHODOLOGY

This was a multi methods study combining data from qualitative focus groups and interviews and quantitative data from the 2019 and 2021 Harm Reduction Client Survey.



BC Centre for Disease Control

More detailed information about study aims and methodology is available in the [full report](#):

<https://towardtheheart.com/research-projects>



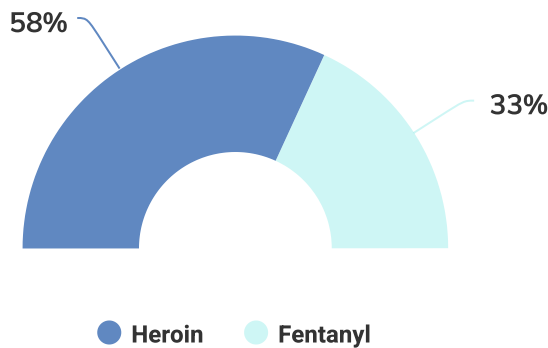
Key Findings

Important Context:

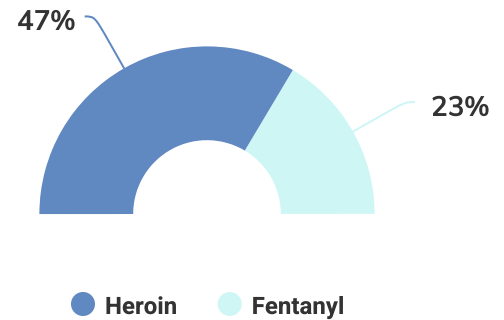
A limited number of programs and prescribers in BC are currently offering a regulated supply of diacetylmorphine (heroin) and fentanyl. At present, dextroamphetamine (Dexedrine) and methylphenidate (Ritalin) remain the only stimulant options. There are no current inhalable options.

'Cause so many years I've used down or fentanyl or heroin or whatever...The hydromorph -- it doesn't adequately address the person's cravings for their heroin or their opioid that they want... they're going halfway with it...well, then why do you have it [safer supply]?' (Elliot, Quesnel)

What is your opioid of choice? (2019)



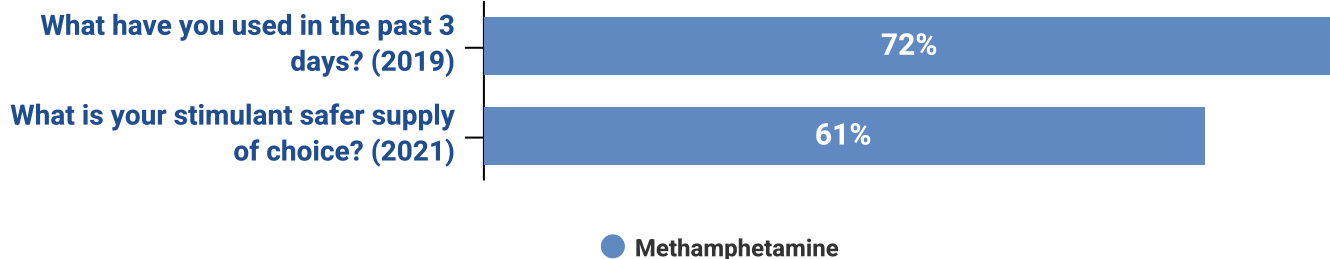
What is your opioid safer supply of choice? (2021)



'Most users are still using some form of street drug or another' (Oscar, Vancouver)

'I found it [Dexedrine]...really different than the meth. I would prefer meth over dextroamphetamine' (Focus Group 4 Participant, Cranbrook)

'People are going to do what they're going to do regardless. I'm going to smoke meth at some point... So why not make it safe?' (Ryan, Nelson)



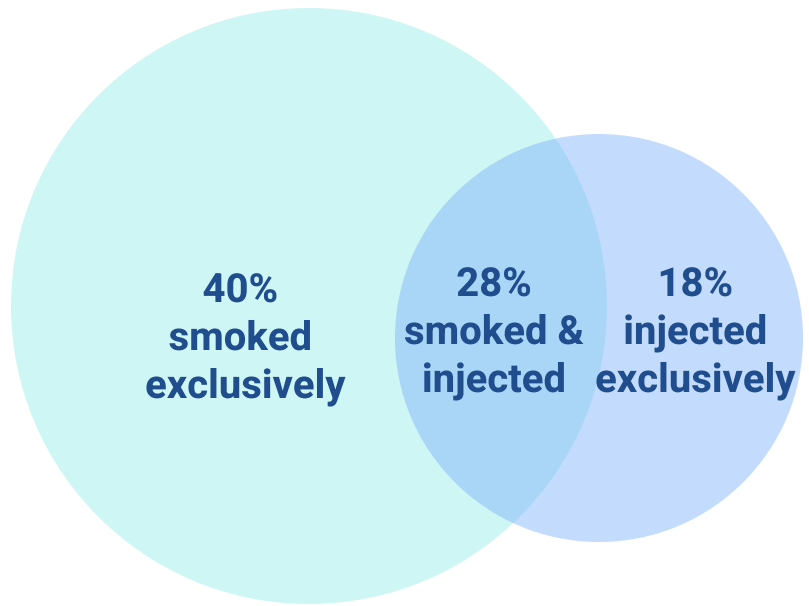
'I don't like doing opioids. I don't knowingly do them or-- but I've been poisoned three different times maybe in the last four years by them' (Focus Group 1 Participant, Vancouver)

Key Findings

How did you use opioids in the past 3 days? (2019)

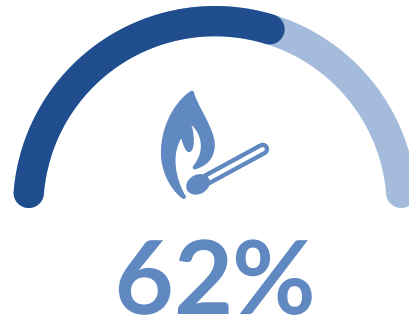
'I smoke nowadays - most people do'
(Focus Group 1 Participant, Vancouver)

'I could take my entire scripts [oral safer supply] at once, inject it, and I'm still not feeling very well.'
(Isabelle, Cranbrook)



How would you prefer to use a safer supply of opioids? (2021)

'They need all the tools in the toolbox. You can't just have a limited supply, really. 'Cause a true safe supply got to be safe supply for all...you know, a safe supply of fentanyl for people to inject or smoke.'
(Focus Group 3 Participant, Vancouver)



of people would prefer to smoke their safer supply

Less than 1/5 (16.5%) of respondents who used illegal opioids, stimulants and/or benzodiazepines in the last 3 days were able to access Risk Mitigation Prescribing (RMG)



*RMG was the pre-dominant option for accessing a regulated drug supply at the time of the study

In addition to current substance options and modes of use not addressing preferences and needs, **safer supply programs were difficult to access given issues participants shared around:**

- prescriber practices
- limited consideration for accessibility issues
- high-barrier models and program requirements

13

Recommendations based on study findings

1

Include diacetylmorphine (heroin) in the Safer Supply Policy Directive. Implement and expand safer supply programs offering heroin.

2

Safer supply programs should offer various forms of fentanyl, including fentanyl powder.

3

Provide a regulated supply of stimulants people are accessing from the illegal supply (e.g. methamphetamine, cocaine, desoxyn), in addition to currently available prescribed alternatives (e.g. Dexedrine, Ritalin).

4

Safer supply programs need to include benzodiazepines and prescribers should consider providing a safer supply of benzodiazepines to those at risk of benzodiazepine withdrawal or health concerns that can be addressed with benzodiazepines.

5

Make injectable alternatives to oral forms of safer supply available.

6

Make inhalable forms of heroin and fentanyl, as well as other safer supply options (e.g. stimulants), available.

7

Expand existing overdose prevention sites to allow for supervised inhalation both indoors and outdoors.

8

Regulatory bodies, such as the College of Physicians and Surgeons of BC, should be transparent about audit processes and guidelines in place to monitor and detect harms resulting from the absence of safer supply prescribing.

9

Public health and harm reduction organizations should develop educational and advocacy tools to empower people who use drugs to seek out and advocate for the substances and modes of use they need, particularly when confronted with prescriber hesitancy.

10

Clarify the role of the provincial government in addressing prescriber hesitancy.

11

Provide low-barrier models, that include virtual and mobile options, take-home dose options and flexible and appropriate policies around missed doses, to ensure access to safer supply programs.

12

Seek section 56 exemption from the federal government to legally develop, implement and evaluate non-prescriber safer supply models. Provincial governments have a role in supporting the implementation of non-prescriber safer supply models, including compassion clubs and co-op models.

13

Involve people with lived and living experience of substance use in the design and operation of safer supply programs to ensure programs are aligned with peoples' preferences and needs and increase access.